MINISTRY OF HEALTH AND LONG-TERM CARE

ASSISTIVE DEVICES PROGRAM

POLICIES AND PROCEDURES MANUAL

SEPTEMBER 2005

Ontario

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SECTION 1. INTRODUCTION

100 THE POLICIES AND PROCEDURES MANUAL

100.01 Purpose of this Manual

The purpose of this Program Manual is to present the policies and procedures of the Assistive Devices and Home Oxygen Programs in one comprehensive document. The policies and procedures outlined here apply across all device categories of the programs. This Manual is intended to complement device-specific manuals.

This Manual forms part of the contractual agreement between the Ministry of Health and Long-Term Care and the registered vendor. The Ministry reserves the right to revise the Manual.

100.02 Intended Target Audience

This Manual is intended to be used by people who prescribe, assess and provide devices and service. This includes all vendors and authorizers that are registered with the program.

100.03 Format of the Manual

The Manual is divided into several sections. Each section covers related issues and topics. When there is a change in Policies and Procedures, only the updated pages will be provided, rather than a complete reprint of the Manual.

100.04 Exclusions

This Manual does not include information on the Ostomy Grants and Needles and Syringes for Seniors Grants Program which are paid directly to clients. The grants program do not involve registered authorizers, registered vendors or listed devices.

105 OVERVIEW OF THE ASSISTIVE DEVICES AND HOME OXYGEN PROGRAMS

105.00 The Assistive Devices Program

The Ministry of Health and Long-Term Care's Operational Support Branch administers the Assistive Devices Program (ADP).

105.01 Vision and Mandate of the Program

Vision

To enable people with physical disabilities to increase their independence through access to assistive devices responsive to their individual needs.

Mandate

To provide customer centered support and funding to Ontario residents who have long-term physical disabilities to provide access to personalized assistive devices appropriate for the individual's basic needs.

To provide Ontario residents with fair and affordable access to a range of devices and to provide vendors with a fair and predictable return on their investment.

105.02 Program Objectives

The following program objectives were designed to meet the needs of external clients:

1. To ensure equitable adjudication of claims in a timely manner.
2. To ensure reliability and accuracy of services and benefits to clients by maintaining an up-to-date catalogue of devices in accordance with Ministry policy.
3. To ensure access for clients by providing eligibility criteria for clients that consistently reflects ministry policy.
4. To ensure registered authorizers and vendors provide accurate and timely assessment of clients' eligibility for funding assistance.
5. To regularly audit vendors and authorizers to ensure that program criteria are met thus providing an efficient and cost effective service
6. To provide information and advice the Ministry partners about program policies to ensure responsiveness to client needs.
7. To manage program strategy and annual business plans as components of Divisional and Ministry plans and develop recommendations for future funding requirements.

8. To provide claims approval information to program payments unit for reconciliation of vendor invoices and direct grant payments.
9. To prepare routine and ad hoc financial reporting in accordance with Divisional, Fiscal Strategies Branch and Management Board requirements.

10. To maintain and improve program accountability, minimizing financial and policy risks, in accordance with government directives and guidelines.

105.03 Legislation Governing the Program

The Minister has authority pursuant to paragraph 6(1)4 of *the Ministry of Health Act*, R.S.O. 1990, c.M.26 to enter into agreements for the provision of devices.

105.04 Program Organization

The functions of the Program are divided into several units:

- Program Management
  - Policy
  - Operations
    - Data Entry
    - Claims Assessment
    - Registration
- Finance and Audit
- Systems Support
- Invoice Processing

- The processing and payment of invoices for the Assistive Devices Program is performed by the Health Care Payments Unit, Supply and Financial Services Branch (S&FSB). This unit is located in Kingston and is headed by the Team Leader, Health Care Payments.

105.05 **Device Categories of the Program**

The Programs provide funding assistance toward the purchase or, in some cases, the lease of devices, in the following categories:

Medical Supplies Team
- Oxygen
- Respiratory
- Ventilators
- Enteral Feeding
- Needles and Syringes for Seniors

Mobility Team
- Wheelchairs, Positioning, and Ambulation Aids

Prosthetics & Orthotics Team
- Prosthetics
- Orthotics
- Pressure Modification Devices
- Ostomy Supplies

Sensory Team
- Hearing Aids
- Communication Aids
- Vision Aids
- Teletypewriters (T.T.Y.)
- Cochlear Implant Processors
- Bone Anchored Hearing Aids (BAHA)

110 DEFINITIONS

For the purposes of the Manual, these are the meanings of the following terms:

110.01 **Agent:** A person who is legally authorized to act on the applicant's behalf.

(1) The following persons can sign an application on behalf of an individual to verify information and to consent to the collection, use and/or disclosure of information:

a) where the applicant is less than sixteen (16) years of age, a person who has lawful custody of the individual;
(b) the applicant's attorney under a continuing power of attorney;
(c) the applicant's guardian of property;
(d) the applicant's attorney under a power of attorney for personal care; and
(e) the applicant's guardian of the person,

as evidenced by supporting documents.

(2) Only the following persons can sign on behalf of the individual to indicate that payment is to be made out to someone other than the applicant:

(a) where the applicant is less than sixteen (16) years of age, a person who has lawful custody of the individual;
(b) the applicant's attorney under a continuing power of attorney; and
(c) the applicant's guardian of property,

as evidenced by supporting documents.

110.02 **Applicant:** A person who applies to the Program for funding assistance for a device.

110.03 **Application Form:** A form provided by the Program and used to request funding assistance for a device.

110.04 **Approved Amount:**
- The dollar amount specified in the device-specific manual;
- Where no dollar amount is specified in the device-specific manual, the dollar amount determined by the Program; or
- Where the Program is of the opinion that the dollar amount specified in the device-specific manual is inappropriate, the dollar amount determined by the Program as appropriate.

110.05 **Authorized Device:**
- A device which an authorizer, having assessed the needs of the applicant, has specified as appropriate for the applicant; or
- In categories where there is no authorizer, the prescriber recommends the device.

110.06 **Authorizer:** A health care professional who has met all registration requirements with the program.

110.07 **Branch:** The Operational Support Branch that administers the Assistive Devices Program.

110.08 **Business Day:** Monday, Tuesday, Wednesday, Thursday and Friday open during normal business hours, except when a public holiday as defined in the *Employment Standards Act*, R.S.O. 1990, c.E.14 or any successor legislation thereto, occurs or is officially observed on one of those days.

110.09 **Client:** A person, who applies to the Program, is eligible, and who received funding assistance from the Program for a device.

110.10 **Continuing Power of Attorney:** A Continuing Power of Attorney is a legal document in which a person gives someone else the legal authority to make decisions about their finances if they become unable to make those decisions themselves. The person who is named as the attorney does not have to be a lawyer. The power of attorney is called "continuing" because it can be used after the person who gave it is no longer mentally capable.

110.11 **Day:** A calendar day.

110.12 **Device:** Includes supplies, equipment and services funded by the Program.

110.13 **Eligible Person:** A person who:
- Is an insured person within the meaning of the *Health Insurance Act*, R.S.O. 1990, c.H.6 or any successor legislation thereto; and
- Meets the eligibility criteria as specified in the device-specific manual.

110.14 **Guardian of Property:** A guardian of property is someone who is appointed by the Public Guardian and Trustee or the courts to look after an incapable person's property or finances. The Person must be at least 18 years old. A guardian is different from an attorney; and attorney is chosen by the individual, before becoming incapable, to act on their behalf, while a guardian is appointed after incapacity. A guardian can be a statutory guardian or a guardian appointed by the court.

110.15 **Listed Device:** A device that is listed in a device-specific manual.

110.16 **Manual:** The Assistive Devices Program Policy and Procedures Manual and the device-specific Policy and Procedures manuals.

110.17 **Ministry:** The Ministry of Health and Long-Term Care.

110.18 **Month:** A calendar month.

110.19 **Personal Information:** The personal information as defined in section 2 of the *Freedom of Information and Protection of Privacy Act*, R.S.O. 1990, c. F.31 or any successor legislation thereto.

110.20 **Power of Attorney for Personal Care:** A Power of Attorney for Personal Care is a legal document in which one person gives another person the authority to make personal decisions on their behalf if the become mentally incapable.

110.21 **Physician:** A member of the College of Physicians and Surgeons of Ontario who is qualified to practice medicine in Ontario under *the Medicine Act*, S.O. 1991, c. 30 or any successor legislation thereto.

110.22 **Prescriber:** A regulated health professional holding a valid certificate with a regulatory college specified by the *Regulated Health Professions Act*.

110.23 **Property Management:** Any decision related to finances. Finances include any type of financial decision or transaction that person would make in the course of managing his or her income, spending, assets and debts. It could include budgeting expenses and paying bills, doing tax returns, completing applications for funding, safeguarding valuables, selling real estate or making loans.

110.24 **Program:** The Ministry's Assistive Devices Program (ADP)

110.25 **Registered Vendor:** A business or non-profit organization that has met all registration requirements with the program and holds an executed vendor agreement with the program.

110.26 **Regulated Health Professional:** A health professional holding a valid certificate with a regulatory college specified by *the Regulated Health Professions Act.*

110.27 **Significant Change:** Any change in the eligible person's physiological growth, atrophy, medical condition or functional status which makes the current device inappropriate for the eligible person's basic and essential needs.

110. 28 **Statutory Guardian:** A statutory guardian is a person who is appointed to act on another person's behalf without going to court. Statuary guardianship applies only to property or finances; there is no statutory guardianship for personal care. A statutory guardian can be the Public Guardian and Trustee (PGT) or someone approved by the PGT to replace the PGT as statutory guardian.

110.29 **Vendor Personnel:** Includes the vendor's directors, officers, employees, independent contractors, members, subcontractors, shareholders, owners, agents and assigns.

SECTION 2. AUTHORIZER REGISTRATION

200. BECOMING A REGISTERED AUTHORIZER WITH THE PROGRAM

POLICY

200.00 The Health Care Professional must be registered with the program to function as an Authorizer.

RATIONALE

200.01 All registered authorizers must adhere to the terms and conditions specified in the Authorizer Agreement, this program manual and the device-specific manual applicable to the device being authorized. The executed authorizer agreement gives the program assurance that the authorizer will adhere to these terms and conditions.

200.02 The authorizer registration number identifies the health care professional on correspondence and application forms. Therefore, the authorizer must have a unique number and use this number when completing application forms that are sent to the Program.

200.03 The authorizer-applicant must provide the essential information the Program needs to determine whether the authorizer-applicant meets the established criteria to become an authorizer. The Authorizer Application package can be obtained from:

Registration Unit
Assistive Devices Program
Ministry of Health and Long-Term Care
5700 Yonge Street, 7th Floor
Toronto, Ontario M2M 4K5

Telephone: Toronto area (416) 327-8804
Toll free 1-800-268-6021

Fax: (416) 327-8192

200.04 As each category has its own requirements to become an authorizer, the authorizer-applicant must complete an Authorizer Application form for each device category for which he or she wants to become a registered authorizer.

200.05 The authorizer-applicant must sign and submit the Authorizer Agreement when applying for registration status. The Authorizer Agreement stipulates the terms and conditions of retaining authorizer status with the Program.

200.06 A copy of the authorizer-applicant's qualifications must be provided to the Program with the application.

200.07 An individual, who is in a profession that is regulated under the *Regulated Health Professions Act*, must provide proof of being a member in good standing with his or her professional college.

200.08 Authorizer-applicants, who do not fully complete the application or fail to send the required documentation with the application, have 30 days during which to submit the missing information/documentation. After that, if the information is still missing, the person's file may be closed. If the file is closed, the person must start a new application.

200.09 If the authorizer application and qualifications meet the Program's standards for the device category, the authorizer-applicant is sent a letter stating that the Program accepts the Authorizer Agreement that was signed by the authorizer-applicant.

200.10 An authorizer registration number will be issued and an authorizer card sent to the authorizer. The letter that accompanies the authorizer card lists the device category or categories in which the authorizer can assess clients and complete application forms.

205 REMOVING AN ADP AUTHORIZER REGISTRATION NUMBER

POLICY

205.00 To ensure ADP Authorizers are accountable and maintain good working knowledge of ADP policy & procedures and reliable ADP equipment assessment skills, they must submit ADP applications on a regular basis to maintain an active registration status with ADP.

PROCEDURES

There are several reasons as to why an authorizer's ADP registration number is made inactive. The following outlines the procedures for each reason.

205.01 On receipt of written notification that an authorizer who regulated under the *Regulated Health Professions Act* is no longer a member in good standing with his/her college or is no longer a member of designated professional associations the Registration Clerk will:

- Notify the Program Manager and appropriate Senior Program Coordinator or delegate
- Inactivate the authorizer's ADP registration number
- Inform the individual in writing that they are no longer registered with ADP

205.02 On receipt of written notification that an authorizer who was employed by a registered ADP vendor (i.e., hearing aids, breast prosthesis) has changed employment to a non-registered vendor, the Registration Clerk will:

- Notify the Program Manager and appropriate Senior Program Coordinator or delegate
- Inactivate the authorizer's ADP registration number
- Inform the individual in writing that they are no longer registered with ADP

205.03 Where an authorizer has failed to notify ADP of a change of name, address, telephone number, position or employer and mail has been returned to the Program, the Registration Clerk will:

- Notify the Program Manager and the appropriate Senior Program Coordinator or delegate
- Inactivate the authorizer's ADP registration number
- Inform the individual in writing that they are no longer registered with ADP

SECTION 2. AUTHORIZER REGISTRATION

210 ADP REGISTERED AUTHORIZER CARD

210.00 POLICY

ADP Registered Authorizers will be issued an ADP Authorizer Card every two years to ensure ADP applicants can confirm the individual's status as an ADP Authorizer.

PROCEDURE

210.01 Individuals who have been approved as an ADP Registered Authorizer are issued an ADP Authorizer Card that provides the following information:

- Name, address, telephone number
- Facility name, where appropriate
- ADP registration number
- List of device categories
- Termination date of ADP Authorizer Card

210.02 Every two years ADP Registered Authorizers are issued a replacement ADP Authorizer Card. Two months before the issuance of the replacement card the Registration Clerk will print a report that identifies authorizers who have authorized five or fewer devices over a two year period in each device category.

210.03 The report is provided to the Program Manager and the appropriate Senior Program Coordinator or delegate.

210.04 The ADP Senior Program Coordinator or delegate will determine the appropriateness of having the authorizer number made inactive.

210.05 The Program Manager notifies Senior Management of the intent to inactivate authorizer's registration numbers.

210.06 On approval from Senior Management, the Program Manager instructs the Registration Clerks to inactivate the identified authorizer ADP registration numbers and inform the individuals in writing that they are no longer registered with ADP.

210.07 Letters received from individuals that appeal the decision to inactivate their ADP registration number will be forwarded to the appropriate Senior Program Coordinator for consideration. The individual will be notified in writing of the final decision

SECTION 2. AUTHORIZER REGISTRATION

215 REQUEST FOR ACCESS TO THE OHIP HEALTH CARD VALIDATION SYSTEM

215.00 POLICY

To ensure ADP meets its obligation to confirm an applicant's eligibility and provide good customer service Registered Health professionals are allowed access to the Health Card Validation system. This enables ADP Registered Authorizers the ability to determine the status of health number and version code on the date of an ADP assessment. This process reduces eligibility rejects and version code rejects resulting in increased accountability and improved customer service by improving the application processing turnaround time.

PROCEDURE

215.01 Only health professionals who are approved as ADP registered authorizers and are members of one of the following regulatory colleges are eligible to apply for access to the Health Card Validation system:

- College of Audiologists and Speech-Language Pathologists of Ontario
- College of Nurses of Ontario
- College of Occupational Therapist of Ontario
- College of Physiotherapist of Ontario
- Royal College of Dental Surgeons of Ontario
- College of Optometry

215.02 The ADP Registration Unit will send an Application Requesting Access to the Health Card Validation System to a new ADP registered authorizer with the ADP Authorizer Card.

215.03 ADP registered authorizers who have access to the Health Card Validation systems through their employer (hospital or other health facility) are not eligible to apply.

215.04 On receipt of a completed application from an ADP registered authorizer the Registration Unit will forward the form to the senior program coordinator or delegate for review.

215.05 The application will be reviewed to ensure that the ADP Registered Authorizer is a member in good standing with one of the above regulatory colleges and does not have access to health card validation through their employer.

SECTION 2. AUTHORIZER REGISTRATION

215.06 On receipt of an approved application the ADP Registration Unit will indicate, in writing, that ADP staff have approved the request and the application has been submitted to the Ontario Health Insurance Program's, Registration and Claims Branch, for further action.

215.07 On receipt of a denied application the ADP Registration Unit will inform the authorizer, in writing, of the reason for the denial.

215.08 The ADP Registration Unit will forward the Copy 1 of the application to Registration and Claims Branch and file Copy 2 in the authorizer's file.

215.09 The final decision as to whether or not a health professional is allowed access to the Health Card Validation system remains with the Ontario Health Insurance Program, Health Card Validation Unit. Health Card Validation staff will contact the ADP registered authorizer with their final decision.

SECTION 3. VENDOR REGISTRATION

300. BECOMING A REGISTERED VENDOR WITH THE PROGRAM

POLICY

300.00 A business or non-profit organization that provides devices to clients and wishes to bill for the devices that are funded by the Program must be registered with the Program as a Registered Vendor.

300.01 There is a vendor agreement for each device category. The vendor must have an agreement for each device category that relates to the devices the vendor wants to sell to clients and have funded under the Program.

300.02 Registration status pertains to each specific vendor location. Therefore, if a vendor has multiple locations, each location that wants to sell devices under the Program must be registered separately with the Program. The vendor registration number is not transferable between locations.

300.03 Registration is not transferable between business locations. Each location, open more than 8 hours per week, must be registered separately with the Program if the vendor wants devices provided from that location to be eligible for funding under the Program.

RATIONALE

300.04 All registered vendors must adhere to the terms and conditions specified in the Vendor Agreement, this Program manual and the device-specific manual applicable to the device being provided. The executed vendor agreement gives the Program assurance that the vendor will adhere to these terms and conditions.

300.05 The vendor registration number identifies the vendor on correspondence, application forms and invoices. Therefore, the vendor's location must have a unique number. The vendor must use this number on application forms and invoices sent to the Program.

PROCEDURES

300.06 The vendor-applicant must provide the essential information the Program needs to determine whether the vendor-applicant meets the established criteria to become a registered vendor. The Vendor Application package can be obtained from:

SECTION 3. VENDOR REGISTRATION

Registration Unit
Assistive Devices Program
5700 Yonge Street, 7th Floor
Toronto, Ontario M2M 4K5
Telephone: Toronto area (416) 327-8804
Toll Free 1-800-268-6021

Fax: (416) 327-8192

The Vendor Application package contains forms and instructions on completing the application.

300.07 The vendor-applicant can call or write to the registration unit to request an application package. The vendor-applicant must specify the devices the vendor-applicant wishes to provide under the Program.

300.08 The vendor-applicant must complete the required forms for each location in which the vendor-applicant wants to be registered.

300.09 The vendor-applicant must complete the required forms for each device category in which the vendor-applicant wants to be registered.

300.10 To be considered for registration status, a vendor-applicant must meet all of the general vendor requirements. Each device category also has specific requirements that pertain to the category.

300.11 All vendors, regardless of the category, applying to the Program for registered vendor status must supply the documentation and information listed in Appendix A.

300.12 Additional information may be required depending on the device category identified. Such documentation is listed in Appendix B.

300.13 Vendor application forms must be submitted to the Program complete with all supporting documentation. The vendor-applicant is responsible for ensuring that all information is complete.

300.14 When the application package is submitted to the Program, it is reviewed for accuracy and completeness.

- If the file is not complete, the entire file is returned to the vendor-applicant with a letter explaining what information is missing. No files will be held open and the Program will take no further action at this point.

- If the file is complete and the vendor-applicant meets the Program standards, a legal and binding agreement will be extended to the vendor by the Program. The vendor is sent two copies of the vendor agreement for each category in which the vendor is being registered.

- The vendor is also sent a copy of the Program manual and one copy of each device-specific manual for the category/categories in which the vendor is being registered.

300.15 If the vendor agrees with the terms of each agreement, the vendor must sign and return both copies of each agreement as specified in the instructions that accompany the agreements.

300.16 When the program receives the signed agreements, a registration number is assigned to the vendor. Only one vendor registration number is issued but the number is valid for the category (ies) for which executed agreements are held. This registration number is to be used on application forms and vendor invoices.

300.17 The vendor receives a cover letter with the executed agreement(s). This letter explains that the vendor is registered with the Program and states the registration number and the effective date. The vendor is also provided with Program brochures and a Program label to display on the vendor's premises.

300.18 Until the vendor receives the executed agreement, the vendor is not registered with the Program for the applicable device category(ies). The vendor cannot provide devices to clients and expect funding assistance from the Program.

300.19 The name and address of the newly registered vendor will appear in the next printing and distribution of amendments to the device-specific manual.

SECTION 3. VENDOR REGISTRATION

305 REGISTERED VENDORS APPLYING FOR ANOTHER CATEGORY

POLICY

305.00 Vendors who are registered with the Program must have an executed agreement for each device category in which they are providing devices to clients under the Program.

305.01 Each device category has a vendor agreement with its own terms and conditions. Therefore as stated in Section 300.01, the vendor must have an agreement for each device category that relates to the devices the vendor wants to sell to clients and have funded by the Program.

RATIONALE

305.02 While the vendor number relates to a specific vendor location, each device category has a unique vendor application and agreement. Therefore, a vendor must go through the registration process when adding another device category.

PROCEDURES

305.03 A vendor application package may be obtained from:

Registration Unit
Assistive Devices Program
Ministry of Health and Long-Term Care
5700 Yonge Street, 7th Floor
Toronto, Ontario M2M 4K5

Telephone: Toronto area (416) 327-8804
Toll free 1-800-268-6021

Fax: (416) 327-8192

305.04 When the vendor contacts Vendor Registration, the vendor must specify the category being applied for.

305.05 The vendor registration clerk will review the existing file and determine what information is required for the vendor to be registered for the device category requested.

305.06 The vendor will receive an application package with the required forms and a letter that lists what general information and device-specific information is required.

305.07 Much of the process is the same as outlined in Section 300.

305.08 When the vendor is registered for the additional device category, the vendor receives a cover letter with the executed agreement. This letter lists the same vendor number that the vendor has already been issued but provides the effective date for the newly added device category.

Note: Until the vendor receives the executed agreement, the vendor is not registered with Program for the device category. The vendor cannot provide devices in this category to clients and expect funding assistance from the Program.

305.09 The name and address of the newly-registered vendor will appear in the next printing and distribution of amendments to the device-specific manual.

310 REGISTRATION WHEN PURCHASING A REGISTERED VENDORSHIP

POLICY

310.00 When there is a change in ownership of a registered vendor, the vendor ceases to be registered with the Program and the new owner(s) must register as a vendor with the Program.

310.01 The Program allows a grace period to the purchase of the vendorship that has been registered with the Program. A temporary number is issued for this grace period.

RATIONALE

310.02 The Program has no assurance that the new owners meet the requirements of a registered vendor. Rather than abruptly terminating the agreement, the Program allows a grace period to give the new owner(s) an opportunity to register with the Program without disruption in service.

PROCEDURES

310.03 A temporary vendor number is given only if all of the following conditions are met:

- the vendorship that was purchased is in good standing with the Program;
- the Vendor Registration section of the Program was notified of the purchase no later than 10 days after the purchase;
- a letter of purchase is received by the Vendor Registration section of the program from the purchaser; and
- a letter of purchase is received by the Vendor Registration section of the Program from the seller.

310.04 When the temporary number is issued, a letter is sent to the new owner stating:

- what additional information that is needed to make the vendor number permanent;
- the date the temporary number will expire; and
- that the Program is extending the terms of the agreement(s) signed by the previous owner to the new owner in good faith.

310.05 If the temporary number expires without the vendor obtaining the vendor obtaining permanent status, the vendor will be notified of the expiry. If this occurs, the Program will not honour any invoices for devices provided after the expiry date.

310.06 Refer to Section 530 relating to change in Ownership of Vendor's Business.

315 REMOVING AN ADP VENDOR REGISTRATION NUMBER

315.00 POLICY

ADP must be aware that ADP vendors are open to the public to ensure ADP clients have access to equipment.

315.01 PROCEDURE

There are several reasons as to why a vendor's ADP registration number is made inactive. The following outlines the procedures for each reason.

315.02 On receipt of written notification that a vendor no longer wishes to participate in the program the Registration Clerk will:

- Notify the Program Manager and appropriate Senior Program Coordinator or delegate
- Inactivate the vendor's ADP registration number
- Inform the individual in writing that they are no longer registered with ADP

315.03 On receipt of written notification that a vendor has gone into bankruptcy the Registration Clerk will:

- Notify the Program Manager and appropriate Senior Program Coordinator or delegate
- Notify the ADP Auditor
- Inactivate the vendor's ADP registration number
- Inform the individual in writing that they are no longer registered with ADP

315.04 Where a vendor has failed to notify ADP of a change of name, address or telephone number and mail has been returned to the Program, the Registration Clerk will:

- Notify the Program Manager and the appropriate Senior Program Coordinator or delegate
- Inactivate the vendor's ADP registration number
- Inform the individual in writing that they are no longer registered with ADP

315.05 Where, as result of an audit, the vendor has been found to be in contravention of the ADP vendor agreement, the Auditor will:

- Notify the Program Manager and the appropriate Senior Program Coordinator or delegate
- Instruct the Registration Clerk to inactivate the vendor's ADP registration number
- Inform the individual in writing that they are no longer registered with ADP

SECTION 4. GENERAL AUTHORIZER POLICIES

400. CHANGE IN AUTHORIZER STATUS

POLICY

400.01 Under the terms of the authorizer agreement, the authorizer must inform the Program of a change in employment or a change of address within 10 days of the change.

RATIONALE

400.02 The Program must have each authorizer's current place of employment and address so those clients in the authorizer's locality can locate the authorizer.

PROCEDURES

400.03 The authorizer must send a letter indicating the change to:

Registration Unit
Assistive Devices Program
Ministry of Health and Long-Term Care
5700 Yonge Street, 7th Floor
Toronto, Ontario M2M 4K5

Fax: (416) 327-8192

400.04 Failing to inform the Program of such a change not only breaches the authorizer agreement but will cause delays in the processing of application forms when the authorizer's number is made inactive

405 MAINTAINING ACTIVE AUTHORIZER STATUS

POLICY

405.00 Authorizers must maintain an active status with the Program to be eligible to sign application forms and receive Program mailings.

RATIONALE

405.01 The program maintains a list of authorizers who are actively performing assessments to ensure they maintain assessment skills and knowledge of Program policies and procedures, and to ensure that applicants are referred to authorizers who are actively performing assessments.

PROCEDURE

405.02 Authorizers who are registered with the Program have a status of either active or inactive. Each device category has different requirements under which an authorizer remains active.

405.03 An authorizer's number will be made inactive under the following conditions:

- If an authorizer who is in a profession regulated under the *Registered Health Professions Act* is not a member in good standing with his or her professional college, the authorizer's number will be made inactive.
- If the authorizer for certain device categories, which stipulate the authorizer be employed by a registered vendor, changes employment and is no longer working for the registered vendor, the authorizer's number will be made inactive.
- If the authorizer informs the Program of a leave of absence that will suspend authorizing duties, the authorizer's number will be made inactive and the status changed to "on leave".

405.04 The authorizer must send a letter explaining a change in status that will affect his or her authorizing duties to:

Registration Unit
Assistive Devices Program
Ministry of Health and Long-Term Care
5700 Yonge Street, 7th Floor
Toronto, Ontario M2M 4K5

Fax: (416) 327-8192

405.05 When the program receives the letter from the authorizer, the computer records will be updated and a letter will be sent to the authorizer explaining the change of status. For this letter to reach the authorizer, the authorizer must include an address where the letter can be sent, if different from the authorizer's mailing address currently on file with the program.

405.06 Authorizers who have had their authorizer number made inactive, must request reactivation of the number. The request must be sent in writing, by mail or fax to the Authorizer Registration Clerk.

405.07 An authorizer 's number may be made inactive if the authorizer is not assessing clients.

405.08 Occasionally, the program, in an attempt to keep the list of active authorizers up to date, reviews the number of applications authorized by each authorizer. This review is performed for each device category.

405.09 Letters are sent to low-volume authorizers advising them that their authorizer number is being made inactive.

405.10 Conditions under which the program will reconsider inactivating a low-volume authorizer's number are:

a) documented evidence that, as a result of the authorizer number being made inactive, clients have problems accessing an Assistive Devices registered authorizer;

b) documentation about a change in the authorizer's employment status such that regular Assistive Devices Program-authorizer assessments are required as a condition of employment; or

c) documented discrepancies between Assistive Devices Program-authorizer statistics and the authorizer's personal records which prove that the authorizer has performed more authorizations than the Program's records indicate over the time period under review.

405.11 If an authorizer has been notified that the authorizer's number is being made inactive, he or she should contact the Program if one of the conditions under Section 405.10 applies.

SECTION 4. GENERAL AUTHORIZER POLICIES

410 VENDOR LISTS PROVIDED TO CLIENTS

POLICY

410.00 In categories where authorizer and vendor roles are separate, authorizer must provide clients with a list of vendors in their area.

410.01 Authorizers are expected to advise clients to "shop around" as selection, service plans and prices may vary from vendor to vendor.

RATIONALE

410.02 The program believes that clients should be given a choice of vendors that provide the devices.

415 DEVICE COSTS PROVIDED TO CLIENTS

POLICY

415.00 In categories where the Program lists prices, authorizers are expected to inform clients about the price of the device. Authorizers should also explain additional costs the client can expect to incur when purchasing the device.

RATIONALE

415.01 Clients should be informed of the prices they should expect to pay when shopping for a device.

420 TERMINATION OF AUTHORIZER AGREEMENT

POLICY

420.00 The authorizer agreement outlines provisions for the termination of the agreement.

420.01 The agreement can be terminated by the Program or the authorizer based on the terms and conditions in the agreement.

SECTION 5. GENERAL VENDOR POLICIES

500. MAINTAINING REGISTRATION STATUS WITH THE PROGRAM

POLICY

RATIONALE

500.00 The vendor must maintain throughout the life of the agreement the conditions that were specified by the Program at the time of registration.

500.01 The Program offered the vendor agreement because the vendor met established criteria. The Program must have assurances that the vendor continues to meet those established criteria.

CONDITIONS

500.02 The ongoing general conditions that the vendor must meet to maintain registration status with the Program follow.

500.03 Business Location: The vendor must inform the Program in writing at least ten (10) days prior to a change in the name of the business, its location or telephone number.

500.04 Hours of Operation: The vendor must inform the Program in writing at least ten (10) days prior to a change in hours of operation.

500.05 Insurance: The vendor must maintain in full force and effect during the entire term of the vendor agreement, at its own expense, the insurance policy that was sent to the Program at the time of registration.

500.06 Employee Qualifications: In categories where the vendor must employ a person qualified in a specific field, the vendor must inform the Program if this person ceases employment. In categories where the employee must be certified or registered with an association, the vendor must advise the Program if the employee loses certification or registration. Such changes must be sent to the Program immediately.

SECTION 5. GENERAL VENDOR POLICIES

505. RELATIONSHIPS OF HOSPITALS AND REGISTERED VENDORS

Three policies apply to vendor relationships with hospitals.

VENDORS SHARING PROCEEDS WITH HOSPITALS

505.00 The Program will not enter into a vendor agreement with any vendor who has a financial relationship with a hospital, whereby the vendor and the hospital share in any profits made from the vendor's sale of devices funded by the Program. Exceptions to this policy are the oxygen and respiratory categories.

VENDORS LEASING SPACE FROM HOSPITALS

505.01 The Program will only enter into a vendor agreement with a vendor that leases space from a hospital under the following circumstances:

- The operation of the registered vendor is a separate business from the hospital. Any profit/loss accrued by the vendor is retained by the vendor; and

- The vendor pays fair market rent to the hospital and does not flow a percentage of profits or sales volume to the hospital.

505.02 Vendors leasing space from hospitals are required to submit a copy of the lease agreement to the Program.

HOSPITALS AS REGISTERED VENDORS

505.03 The Program will only register a hospital, a subsidiary of a hospital or department of a hospital as a registered vendor provided the vendor's operation is a separate cost centre from the hospital's global budget. Any profit/loss accrued in the cost centre must be retained by the cost centre.

RATIONALE

505.04 The Ministry of Health and Long-Term Care provides funding to hospitals through the global budget. As the price structure for most listed devices includes a profit margin, there is a risk of duplicate funding of the global budget as the hospital profits from the sale of devices that are funded by the Program.

505.05 The Program believes it is a conflict of interest whenever there is a financial relationship between the authorizer or authorizer's employer and the vendor. Authorizers who work in the hospital are in an extremely difficult position if the hospital is profiting by selling listed devices or is profiting from leasing space to a registered vendor of devices which they authorize for the Program.

505.06 Requiring hospital departments that sell listed devices to set up a separate cost centre ensures that the Ministry is not funding the global budget twice. Requiring these cost centres to retain profits/losses ensures that the hospital has no vested interest in the number or dollar value of devices sold to clients.

505.07 Restricting vendors from paying a percentage of profits to the hospital ensures that the authorizers will not be pressured into referring clients to the vendor. Such referrals would violate the terms and conditions in the authorizer agreement.

510 RELATIONSHIPS OF LONG-TERM CARE HOMES AND REGISTERED VENDORS

This policy applies to vendor relationships with Long-Term Care Homes.

VENDORS SHARING PROCEEDS WITH LONG-TERM CARE HOMES

510.00 The Program will not enter into or maintain a current vendor agreement with any vendor who has a financial relationship and/or an exclusive relationship with a long-term care home, whereby the vendor and the long-term care home share in any profits made from the vendor's sale of devices funded by the Program.

RATIONALE

510.01 The Program believes it is a conflict of interest where the vendor or employee of the vendor pays any fee, amount or gives any benefit directly or indirectly to a long-term care home who is responsible for identifying their resident's need for assistive devices.

510.02 The Program believes that applicants should be given the opportunity to decide on a vendor of their own choosing. Restricting vendors from paying any fee, amount or benefit to the long-term care home ensures that the applicant or applicant's family is provided the opportunity to decide on their own vendor.

515. MANUFACTURERS AND DISTRIBUTORS AS VENDORS

POLICY

515.00 Vendors may bill the Program for a listed device which they manufacture and distribute if all of the following conditions are met:

a) the manufacturer/distributor does not also authorize, or employ persons to authorize the device.

b) the manufacturing and distributing operation generates sales of under $2 million annually. (Federal Government definition of small business.)

Note: Exceptions to requirement b) will be made for oxygen manufacturers and for Ontario manufacturers selling the device they manufacture.

c) they have access to other manufacturers' products as stipulated in the vendor agreement pertaining to the device.

Note: Exceptions to requirement c) may be made for oxygen manufacturers and for Ontario manufacturers.

d) There is no evidence that registered authorizers are being pressured to prescribe, nor clients to buy, the product that the vendor manufacturers and distributes when another product line would be more appropriate.

520. VENDORS NOT LOCATED IN ONTARIO

POLICY

520.00 The Program will not register vendors located outside Ontario except:

- when a vendor, because of its geographic location, is considered bordering on an under-serviced area, or
- when the Program determines that registering such a vendor is in the best interests of clients.

PROCEDURES

520.01 The vendor must apply to the Program to become a registered vendor and provide justification for the Program to register the location.

520.02 If the vendor becomes registered, clients may purchase devices from the vendor and have the listed devices eligible for funding.

525 FINANCIAL RECORDS AND AUDIT ARRANGEMENTS

POLICY

525.00 Vendors must maintain financial records and allow audits by Ministry staff, as specified in each vendor agreement.

RATIONALE

525.01 The Program does not witness the purchase/sales transaction between the vendor and client. Therefore, the Program must have the ability to audit a vendor's records to ensure compliance to the terms and conditions of the vendor agreement that surrounds the transaction.

525.02 There are other stipulations in the vendor agreement outside of the purchase/sales transaction with which the Program must ensure the vendor is complying.

PROCEDURES

525.03 The device specific vendor agreements should be referred to, in order to ensure compliance. In summary, each agreement requires that:

- The vendor establish and maintain separate books of account, financial records and invoices pertaining to funds received through the Program;
- The financial records and documents be retained for at least (7) years;
- The books of account, financial records, documents and any other materials which relate to the agreement be open to audit; and
- The allowing of the audit does not breach the vendor agreement with respect to confidentiality.

530 CHANGE OF OWNERSHIP OF VENDOR'S BUSINESS

POLICY

530.00 If a vendor or registered location is sold, or the form of ownership is otherwise changed, it ceases to be a registered vendor.

530.01 The Program must be given advance notice of the intent to change ownership.

RATIONALE

530.02 The Program must ensure that the new owner meets the requirements of becoming a registered vendor.

530.03 The Program must ensure that the new owners have the commitment to adhere to the Program's policies and the terms and conditions of the vendor agreement.

530.04 With the use of direct deposits into a vendor's bank account, there must be assurances that the money is flowing to the business following a change in ownership.

PROCEDURES

530.05 It is incumbent upon the vendor to advise the purchaser to contact the Program, preferably during the sale transaction, to arrange registration as a new vendor.

530.06 The new owners must apply for registration status. See Section 310 regarding Registration when Purchasing a Registered Vendor.

530.07 The current vendor registration number will be made inactive as of the date of sale.

530.08 Until the new vendor registration number is issued, neither application forms nor invoices for devices are to be submitted by the new vendor. The Program will only process applications for devices supplied after the vendor becomes registered.

530.09 Clients who are affected by a change in ownership should send their concerns in writing to the Program.

535. CONFIDENTIALITY

POLICY

535.00 The vendor must treat all personal information, general information or documentation that tends to identify or identifies any client, as confidential.

535.01 The vendor will not disclose or release any personal information, without obtaining the consent of the client or his or her lawful representative, prior to the release or the disclosure of such information or documents.

PROCEDURES

535.02 The vendor must advise its staff of these requirements and must take appropriate action to maintain compliance by staff.

535.03 A related topic is Section 7 regarding the Collection and Release of Client Personal Health Information.

RATIONALE

535.04 The vendor and vendors staff must comply within the meaning of the *Freedom of Information Act*, R.S.O. 1990, c.F.31, the *Personal Information Privacy and Electronic Documents Act*, S.C. 2000, c.5 and *the Personal Health Information Privacy Act*, 2004, Chapter 3 Schedule A.

540. SOLICITATION OF BUSINESS

POLICY

540.00 A vendor must not contact clients who have previously accessed the Program to inform them that they may be eligible for a replacement.

540.01 A vendor must not inform a client who has received a device through the Program when the client is eligible to receive a replacement device, unless the client solicits this information from the vendor.

540.02 A vendor must not distribute the Program application form to persons who do not request the form

540.03 A vendor must not provide a form bearing the name of any prescriber, authorizer or vendor.

RATIONALE

540.04 The client must show a need for the new device. Replacements are not automatic.

540.05 The Program expects that clients will use the funded device until the device no longer meets their medical requirements or is beyond economical repair, at which time the client would seek to obtain funding assistance from the Program for a replacement.

540.06 The Program expects clients to have a choice of prescriber, authorizer and vendor.

545. ADVERTISING

POLICY

545.00 A vendor can advertise its ability to sell devices under the Program and its registration status with the Program. However, the Program stipulates certain conditions for such advertising. These conditions are:

- Where the Program is referred to, either explicitly or implicitly, and the vendor lists any brand or model in the advertisement, the vendor must identify all brands and models of the devices that are carried by the vendor.
- In the advertisement, the vendor must not give any brand or model prominence over another. All brands carried must be identified in the same size of lettering and with the same frequency.
- When the Program is referred to, the vendor must not advertise the procedural aspects of the Program, including the percentage or the dollar amount paid by the Program and the percentage paid by the client.

545.01 The above policies apply to all methods of advertising including but not limited to, newspapers, journals, flyers, websites.

RATIONALE

545.02 The Program recognizes the need for a vendor to advertise its ability to sell devices under the Program and does not discourage a vendor from advertising its registration status with the Program.

545.03 All brands must be listed if the Program is mentioned because the Program should not appear to favour one brand or model over another.

550. INFORMING PERSONS OF THE PROGRAM

POLICY

550.00 When a person approaches the Registered Vendor to purchase a device that the vendor knows is covered by the Program, the Registered Vendor must inform the person that there are Government programs available which provide financial assistance for an eligible device if the person meets the eligibility criteria.

RATIONALE

550.02 People are not always aware of Government programs that would financially aid their purchase or lease of required medical devices.

550.03 People who meet the eligibility criteria should be given the opportunity to access available funding offered by the Program.

PROCEDURES

550.04 The vendor must inform the person of the existence of the Program.

550.05 The vendor should explain the procedures for accessing funding under the Program.

550.06 The vendor must explain to the person that it the person decides to purchase the device before being assessed, then the device purchased is not eligible for funding assistance under the Program.

555. ASSIGNMENT AND SUBCONTRACTING

POLICY

555.00 Any authorized devices provided to a client must be provided directly by the vendor or its personnel, except as allowed in the device-specific manuals.

SECTION 5. GENERAL VENDOR POLICIES

560 VENDORS USING AGENTS

POLICY

560.00 The Program does not permit registered vendors to use sales agents for the sale of devices.

RATIONALE

560.01 The Program cannot ensure that a true agency agreement exists between a registered vendor and another vendor acting as their agent, nor that notice of any such relationship is conveyed to clients.

560.02 The Program cannot ensure that agents satisfy and continue to satisfy the Program's standards for vendors.

SECTION 5. GENERAL VENDOR POLICIES

565 BANKRUPTCY

POLICY

565.00 The vendor must immediately notify the Vendor Registration section of the Program of any bankruptcy proceedings.

565.01 The vendor must keep the Program informed at all times of the status of any bankruptcy proceedings.

RATIONALE

565.02 The Program must take the necessary precautions where the vendor commences any proceedings in bankruptcy, is adjudged as bankrupt, or where bankruptcy proceedings are commenced against a vendor.

565.03 The vendor must write to or fax the Program with any information concerning bankruptcy proceedings. Contact:

Registration Unit
Assistive Devices Program
Ministry of Health and Long-Term Care
5700 Yonge Street, 7th Floor
Toronto, Ontario M2M 4K5

Fax.: (416) 327-8192

570. REFUSAL TO SUPPLY FOR SAFETY REASONS

POLICY

570.00 Where, in the reasonable opinion of the vendor, a client may be endangered by the provision of an authorized device, the vendor may refuse to provide the device to the client.

RATIONALE

570.01 The Program realizes that the vendor may become aware of factors at the time of delivery which may not have been foreseen by the physician/authorizer.

570.02 The Program would not want the vendor to be placed at financial risk by providing a device that the vendor believes is unsafe for the client.

570.03 The Program would not want the client to be placed at personal risk.

PROCEDURES

570.04 Where a vendor refuses to supply a client with an authorized device for safety reasons, the vendor must immediately inform the prescriber and the Program of the decision.

575. WARRANTIES OF PURCHASED DEVICES

POLICY

575.00 The registered vendor must provide the client with the manufacturers warranty at the time of providing the device to the client.

575.01 Where the vendor custom-manufacturers the device for the client, the vendor will provide the client with a written warranty. The terms of these warranties are described in the device-specific manuals or vendor agreements.

575.02 The manufacturer is responsible for honouring warranties even in those situations where a device has been purchased from a vendor that is no longer in business, i.e. the vendor has been sold, closed or has declared bankruptcy.

RATIONALE

575.03 The client must have an opportunity to benefit from the manufacturer's warranty.

PROCEDURES

575.04 As all devices funded by the Program carry a manufacturer's warranty, the vendor must provide the client with the written warranty at the time of purchase.

580. REPAIRS OF PURCHASED DEVICES

POLICY

580.00 The Program does not contribute toward the cost of repairs of purchased devices under any circumstances.

580.01 The liability for the cost of repairs within the warranty period will depend on the terms of the warranty.

580.02 The cost of repairs after the warranty period expires is the liability of the client.

585. TERMINATION OF VENDOR AGREEMENTS

POLICY

585.00 Each vendor agreement has provisions for the termination of the agreement. These terms are stated in the agreement.

SECTION 6. CLIENT STATUS

600 ELIGIBILITY CRITERIA FOR PROGRAM BENEFITS

POLICY

600.00 Eligibility for program funding is outlined in each of the device specific manuals .

RATIONALE

600.01 The eligibility criteria are established in keeping with the vision and mandate of ADP.

600.02 An applicant must meet all of the following basic criteria to be considered by the Program for funding assistance:

- The applicant must be insured as defined in the *Health Insurance Act* and have a valid Ontario Health Number.
- The applicant must have a physical disability, or condition, requiring the use of an assistive device for six months or longer.
- The applicant must have a primary diagnosis other than a learning disability.
- The applicant must not be entitled to coverage for the authorized device under the *Workplace Safety and Insurance Act*, 1997, S.O. 1997, c.16, Schedule A or any any successor legislation thereto.
- The applicant must not be entitled to coverage for the authorized device under the Veterans Treatment regulations made under the *Department of Veteran's Affairs Act* (Canada), R.S. 1985, c. V-1, or any successor legislation thereto (Group A).
- Devices for which funding is applied cannot be used exclusively for school, work, recreation or sports.

600.03 Applicants must also meet any additional criteria specific to a particular category as outlined in the device-specific manual.

605 FUNDING AVAILABLE TO CLIENTS

POLICY FOR ADP ELIGIBLE CLIENTS

605.00 Program funding is dependent on the device category and, in some cases, specific to devices within a category. Funding structures established by the Program are:

a) 75% of the ADP-listed price; the client pays 25% or less;

b) 75% up to a maximum contribution of an ADP-listed price; the client must pay at least 25%,

c) 75% up to a maximum contribution of the retail price; the client must pay at least 25%,

d) a fixed contribution, and

e) 100% or 75% funding of the HOP listed price;

Refer to the device-specific manuals for the applicable funding structure. See Section 610 for the funding policy for clients receiving social assistance.

PROCEDURES

605.01 When the Program is assessing the application form, the funding approved for the devices is determined and recorded.

605.02 The level of funding will not exceed the approved amount of the application.

SECTION 6. CLIENT STATUS

610 FUNDING AVAILABLE TO CLIENTS

POLICY FOR ADP ELIGIBLE TO CLIENTS RECEIVING SOCIAL ASSISTANCE

610.00 Program funding for recipients of Ontario Works (OW) Ontario Disability Support Program (ODSP), and Assistance for Children with Severe Disabilities (ACSD) varies with the device category and in some cases, specific devices with the category. Funding for recipients of OW, ODSP and ACSD is as follows:

a) 100 % of the ADP-listed price,

b) 100% of the maximum contribution of an ADP-listed price; the client pays the remainder,

c) 100% up to a maximum contribution of the retail price,

d) a fixed contribution, or

e) 100% funding of the HOP listed price.

Refer to the device-specific manuals for the applicable funding contribution. Refer to Section 605 for the funding policy for clients who are not receiving social assistance.

610.01 The amount of Assistive Devices Program funding will not exceed the approved amount on the application.

SECTION 7. PERSONAL HEALTH INFORMATION

700 PROTECTING PERSONAL HEALTH INFORMATION

700.01 **POLICY**

700.02 The Program must ensure that ADP personnel, registered authorizers and vendors are in compliance with the *Personal Health Information Act*, 2004 (PHIPA) and the *Freedom of Information Act*, 1999 (FIPPA).

700.03 **Giving Consent**

700.04 Under PHIPPA clients have the right to consent on how their information will be collected, used and shared.

700.05 There are two types of consent:

- Implied consent
- Express consent

700.06 **Implied Consent**

PHIPPA permits a health care provider to assume implied consent to collect, use or disclose health information with other health care providers who are involved in the approval and provision of assistive devices unless the client has stated otherwise.

700.07 **Express Consent**

Under certain situations, a health care provider is required to request the client's consent, either orally or in writing or electronically, before a client's information can be shared. This usually occurs when a health care provider is asked to disclose personal health information to someone who is not a health care provider, for instance, an employer.

700.08 **Accessing Personal Health Records**

Under PHIPPA, clients have the right to access their own health records. ADP client's can write to the program to request copies of their ADP files. The program must respond to the request within 30 days with a possible 30-day extension under some circumstances. If the information is required urgently, the client can request faster access.

700.09 **Denial of Access to Personal Health Records**

Under certain circumstances, such as when the health information was collected as part of an investigation, the program may deny access to a client's request for their health records. In this situation, the client must be provided with a reason as to why the request has been denied. Client's who are not satisfied with the explanation may complain to the Information and Privacy Commissioner of Ontario at 416-325-3333 or 1-800-387-0073.

700.10 **Correcting Health Records**

Under PHIPPA, ADP clients have the right to have information in their health records corrected. ADP clients can write to the program to request that their ADP files be corrected if they have reason to believe the information is incorrect. The program must respond to the request within 30 days with a possible 30-day extension under some circumstances. The program must correct an incomplete or inaccurate record but the program is not required to change professional opinions or correct records that the program did not create.

700.11 **Denial of Correction to Health Records**

Under certain circumstances, the program may refuse to correct a client's health records. In this situation, the client must be provided with a reason as to why the request has been denied. Client's who are not satisfied with the explanation may complain to the Information and Privacy Commissioner of Ontario at 416-325-3333 or 1-800-387-0073.

705. COLLECTION AND RELEASE OF CLIENT INFORMATION

POLICY

705.00 The Program must take the necessary precautions to protect a client's personal information.

705.01 Internal procedures have been established to ensure the confidentiality of personal information within the Program.

705.02 The agreements with vendors contain a confidentiality clause which restricts the release of personal information by the vendor or vendor's staff.

RATIONALE

705.03 Information and confidentiality surrounding a person's personal information is governed by the following legislation; *the Freedom of Information and Protection of Privacy Act*, R.S.O. 1990, *The Health Cards and Numbers Control Act*, 1991, the *Personal Information and Electronic Documents Act*, S.O., 2000 and the *Personal Health Information Privacy Act*, 2004

705.04 The use of a person's health card number is regulated by the *Health Cards and Numbers Control Act*, 1991. It states that no person will reproduce another person'' health card or collect or use another person's health number except as provided by the Act.

The Act permits the collection and use of health numbers for purposes related to the provision of provincially funded health resources. Providers of service may therefore collect and use health numbers only for application and invoice submissions to the Ministry of Health and Long-Term Care.

705.05 Under the *Freedom of Information and Protection of Privacy Act* and the *Personal Health Information Privacy Act* any information on the Program's records about an individual, such as previous access to Program funding assistance, can be provided only with prior consent from the individual.

705.06 With these four acts, the confidentiality of client information in written and electronic formats is crucial.

705.07 **The Release of Personal Information by the Program**

As questions sometimes arise from clients, authorizers and vendors as to whether a client will be eligible for the device for which they are applying, the following procedure provides for release of information in a manner that will not violate the Acts. Otherwise, a device could be sold to a client who believes that he or she is eligible only to find the application form rejected.

705.08 **Requests for Release of Personal Information**

1. Personal client information, such as previous funding access, will only be released by the Program to the client or legal representative upon receipt of a written request for information submitted and signed by the client or legal representative.

   An example of a typical release statement is shown in Appendix H. The release details:

   - client's name: surname, first name and initials;
   - client's date of birth;
   - Ontario Health Number;
   - complete home address including postal code;
   - telephone number including area code;
   - client's signature and date; and
   - the device category for which information is being requested (device).

2. If a legal representative submits the request, the representative must provide his or her full name, address, telephone number and relationship to the client. The legal representative may be required to act on behalf of the client.

3. If an authorizer or vendor submits the request, the authorizer or vendor registration number to whom the information is to be released must be provided.

4. If the information is to be released to an individual other than the client or legal representative, the Program requires a statement signed by the client or legal representative indicating consent to the release of information about the client's most recent access to Program funding for the device category.

5. A Program representative will contact the client or legal representative directly with the information, either by phone or in writing. If indicted on the consent to release form, the information will be communicated to the indicated third party.

6. The Program will not respond to requests signed by persons other than the client or legal representative.

7. Illegible requests will be returned without a response.

Note: Information on previous access only indicates whether, or when, that client has received funding assistance. Lack of recent access to Program funding assistance does not mean that the client is automatically eligible to receive funding assistance. Eligibility for funding assistance is based on whether the client meets all of the general program eligibility criteria and criteria specific to that device category. The Program determines eligibility after full assessment of the application form and related information.

705.09 **Release of Information by a Vendor or Authorizer**

705.10 Providers of service must ensure that confidentiality is maintained, both in communication and in record keeping procedures.

705.11 Registered vendors and authorizers must take appropriate steps to protect the confidentiality of their clients' health numbers.

705.12 Vendors and authorizers should also refer to the confidentiality section of this manual and the agreement.

SECTION 8. APPLICATION FORMS

800 TYPES AND CONTENT OF APPLICATION FORMS

POLICY

800.00 Currently, the Program has several application forms in use. The type of form used will depend on the device category for which the applicant is applying.

- A general form is used for many device categories. This form is an Equipment/Supply Authorization (ESA) form.

- Custom forms are used for oxygen, wheelchairs, positioning and ambulation aids, hearing devices, conventional limbs and grants.

800.01 Several sections of each of the Program's application forms are common across all categories.

800.02 **Biographical Information**

This section of the form identifies the client and must be completed by the applicant or applicant's agent, showing:

- applicant's last name, first name and initials
- date of birth
- sex
- home address, including postal code and apartment number
- home telephone number, including area code
- Ontario Health Number and version code (if present)

800.03 **Medical Information**

This section contains information provided by a health care professional as described in the device-specific manuals. It may contain a medical diagnosis, the medical criteria and other information regarding the client's prognosis.

800.04 **Equipment Requested for Funding**

This section lists the devices being requested for funding under the Program. Common to all forms is the need for a description of the devices, the corresponding catalogue numbers and the quantity being requested. Each device-specific manual explains who is allowed to complete this section.

800.05 **Applicant's Declaration Statement Section**

This section on the form contains the applicant's declaration statement.

a) The applicant must sign and date the declaration statement on the form. By signing this section, the applicant:

- Authorizes the release of confidential information about the applicant to the Ontario Ministry of Health and Long-Term Care, its agents and the registered vendor;
- Certifies that the device is needed and the client does not have a similar device in good condition that was previously funded by the Program;
- Certifies understanding of the Program eligibility criteria for funding;
  and
- Certifies that the information given is true and correct.

b) In some of the device-specific application forms, the client's signature may signify agreement to additional information included with the declaration statement.

c) If an applicant is less than 16 years of age, the legal guardian or parent may sign the form. Applicants who are 16 years of age and older and unable to sign the form may give oral consent and the form may be signed by an agent. The agent acts as a witness to the declaration.

d) Vendor personnel and authorizers may not act as the agent for the applicant.

SECTION 8. APPLICATION FORMS

805 OBTAINING APPLICATION FORMS

POLICY

805.00 In all categories, except for wheelchair, positioning and ambulation aids, the applicant can obtain an application form from the Program, a physician, a registered authorizer or a registered vendor. Only registered authorizers can obtain application forms for wheelchair, positioning and ambulation aids.

PROCEDURES

805.01 Application forms may be obtained by calling the following telephone numbers:

From the Toronto area: 416-314-5518
Toll Free: 1-800-268-1154
TDD/TTY From the Toronto area: 416-327-4282
TDD/TTY Toll Free: 1-800-387-5559

805.02 The Program reserves the right to limit quantities.

SECTION 8. APPLICATION FORM

810 COMPLETING THE APPLICATION FORM

POLICY

810.00 Regardless of the device category, an application form must be fully completed in order for the applicant to access Program funding.

PROCEDURES

810.01 Instructions and requirements for completing the application form are described in the device specific manuals and on the application form fact sheets.

SECTION 8. APPLICATION FORMS

815 SUBMITTING THE COMPLETED APPLICATION FORM

POLICY

815.00 Original forms must be submitted. Photocopies or facsimile copies will not be accepted.

815.01 Each form containing applicant information is the property of the applicant. The form is given to the authorizer or vendor on the understanding that the authorizer or vendor will complete the applicable section and forward it to the Program immediately.

PROCEDURES

815.02 The completed application form must be forwarded to:

Assistive Devices Program
Ministry of Health and Long-Term Care
5700 Yonge Street
7th Floor
North York, Ontario
M2M 4K5

815.03 Incomplete forms, and forms that are incorrectly completed, will not be processed.

815.04 Incomplete forms, and forms that are incorrectly completed, will be returned to the vendor or the designated health care professional.

820 SUPPLEMENTS TO THE APPLICATION FORM

POLICY

820.00 Depending on the device category, additional documentation may be required for the Program to consider funding.

820.01 The device-specific manuals will list any additional documents required.

820.02 If the required documentation is not sent with the application, the application will be treated as an incomplete application and returned.

SECTION 8. APPLICATION FORM

825 REQUEST FOR PRIOR AUTHORIZATION

POLICY

825.00 Some device categories allow the authorizer or vendor to contact the Program to request special consideration to provide funding for devices which would otherwise be denied. Most these requests are for:

- Growth
- Change in medical condition

PROCEDURES

825.01 Each device-specific manual allowing this procedure explains the requirements.

825.02 If prior authorization is granted, the vendor must record the prior authorization number on the application form. In some device categories, a prior authorization form must also be supplied when the application is submitted.

SECTION 8. APPLICATION FORM

830 APPLICATION PROCESSING

POLICY

830.00 All applications are processed, approved or rejected, according to the rules in each device-specific category.

830.01 When the Program receives an application, the information is data entered into the computer system. Initial edits are performed at the time of entry. These edits are basic file-structure checks such as date format. If the application does not pass these basic edits, it cannot be processed further.

830.02 If the initial edits are passed, the content of the information on the application form and supplements to the form are then assessed based on the rules of the device category. This includes:

- Determining the completeness of information;
- Reviewing the devices, catalogue numbers, prices and quantities;
- Determining whether the client previously accessed the Program for a similar device; and
- Applying various other rules applicable to the device and device category.

830.03 If the application is complete, accurate, and conforms to the rules of the respective device-specific manual and the client is eligible, the application is approved.

830.04 The approval will include the dollar value and quantities allowed for each device as stated in the device-specific manuals.

830.05 If the application is not complete, not accurate, or does not conform to the rules of the device manuals, the application is rejected.

830.06 A rejection letter is sent to the client, authorizer and/or vendor explaining the rejection.

835 STALE-DATED POLICY FOR APPLICATION FORMS

A stale-dated policy applies to the application form. Refer to Section 1111.

SECTION 9. INVOICE PROCESSING AND PAYMENT

900 INVOICE REQUIREMENTS

POLICY

900.01 All vendors registered with the Assistive Devices Program must follow certain invoicing rules.

INVOICE CONTENT

900.02 There are requirements for the Program, Appendix C list s the essential data items which are required on invoices for ADP.

900.03 The device-specific manuals identify some invoicing peculiarities, such as when serial numbers are required, when line item detail is not feasible, or when client signatures are expected. Refer to the device-specific manuals for assistance.

900.04 Components of devices that have separate catalogue numbers must be itemized separately on the invoice.

900.05 Appendix E and F display the suggested invoice format for ADP vendors and oxygen vendors respectively which, if followed, will ensure that all of the required information is present on the invoice. Use of this format also places the information in a standard location on the invoice that expedites data entry.

900.06 Most vendors have their own proof of delivery documents. If not, Appendix G and H display the suggested format. The proof of delivery document must accompany the invoice when there is no client signature on the invoice. Refer to Section 920.

SECTION 9. INVOICE PROCESSING AND PAYMENT

905 INVOICE SUBMISSIONS

POLICY

905.00 Clients must receive the device(s) before the vendor submits an invoice for the device(s) to the Ministry of Health and Long-Term Care, Supply and Financial Services Branch (S&FSB).

905.01 Registered vendors must not invoice devices that were provided by a vendor location that is not registered with the Program for the device category. Registered vendors who do this will have their agreements with the Program terminated.

PROCEDURES

905.02 S&FSB is responsible for processing invoices and making payment to vendors on behalf of the Assistive Devices Program.

Therefore, vendors must send the invoice and the required supporting documents to:

Ministry of Health and Long-Term Care
Supply and Financial Services Branch
ADP and ODB Payments Unit
P.O. Box 48
Kingston, Ontario
K7L 5J3

SECTION 9. INVOICE PROCESSING AND PAYMENT

910 INVOICE PROCESSING

POLICY

910.00 S&FSB will process invoices that conform to the payment policies established with the Assistive Devices Program.

910.01 Since the Assistance Devices Program invoice processing system confirms data on the vendor's invoice with information in the relevant Ministry's files, the Program must ensure that the vendor's invoice is properly processed.

910.02 The Program's invoice processing system automatically verifies the validity of the invoice data as it is entered and processed.

910.03 When a vendor submits an invoice with invalid, illegible or missing data, the invoice will not be paid. Depending on the type of error on the invoice, the invoice could be returned immediately to the vendor with a form letter identifying the problem. An invoice that is not returned will be keyed into the computer but, because of an error on the invoice, it will be placed "on hold". The database will attach an error condition status to the invoice. The "on hold" invoice will be retained in the database for 60 days.

910.04 If a billing error is made, the entire invoice is place "on hold" until the vendor identifies the discrepancy and corrects the entire invoice. Partial payments are not made.

910.05 A "Hold Report" which accompanies the vendor's payment remittance advice will list the invoices that are "on hold" and describe the error conditions for each invoice. Vendors must review the "Hold Report" and make the appropriate corrections. The invoice data must be corrected and recorded in the space provided on the "Hold Report" and returned to the S&FSB for processing. Telephone calls to make corrections will not be accepted.

910.06 Error conditions not corrected and received by the Ministry within the 60 day "on hold" retention period will be deleted from the database. New invoices must be resubmitted.

SECTION 9. INVOICE PROCESSING AND PAYMENT

915 PAYMENT TO VENDORS

POLICY

915.00 The Program will pay a contribution toward the cost of the device as explained in each device-specific manual.

915.01 The Program will only pay for devices that are approved on the application form.

915.02 The amount paid by the Program is set in Canadian dollars.

915.03 In categories where the devices are listed in the device specific manuals, the Program only funds those devices listed by the Program. Substitution of a non-ADP-listed device, using a catalogue number of an ADP listed device, violates the vendor agreement.

915.04 Submitted invoices that are fully completed and accurate, include the client's proof of delivery signature, and match a fully completed and accurate application form will be paid according to payment policy. This payment is usually made on an approved application within thirty (30) days of receipt of the completed and accurate invoice.

PROCEDURES

915.05 S&FSB generates a payment file for the invoices that are to be paid.

915.06 The file is sent to the Treasury for the direct deposit to be made or cheques to be generated.

915.07 Usually 12 working days after the file is generated, the deposit is made or the cheque is mailed.

915.08 A Remittance Advice is produced in conjunction with a payment being made to the vendor. It indicates that name of the vendor, the date of payment and lists the invoice(s) paid. For each invoice paid, specific details are noted, such as:

- the batch number in which it was keyed
- the invoice number
- the application number
- the date received by the payment unit
- the name of the client
- the amount billed
- the amount paid.

920 CLIENT SIGNATURE ON INVOICE

POLICY

920.00 The Assistive Devices Program requires client signatures on, or included with all invoices as proof of delivery of devices to the client.

920.01 In order to be processed, all invoices require confirmation that the client has received the devices as invoiced. Invoices not conforming to the required confirmation method will be returned to the vendor.

RATIONALE

920.02 The Program requires an original client signature with a signature date on an invoice in order to be assured that the client has actually received the devices as invoiced. This is required because the Program is not directly involved in the device purchase transaction.

PROCEDURES

920.03 There are several options available to vendors to submit proof of delivery signatures. The following are accepted by the Program:

920.04 **Preferred Confirmation Method**

In most cases, vendors can obtain the client's signature and date signed on the invoice at the time of the purchase transaction. The vendor then sends the invoice containing the client's original signature for processing. This is the preferred method of obtaining confirmation that the client has received the devices as invoiced and must be used whenever possible.

920.05 **Alternative Confirmation Methods**

It may not be possible for vendors to obtain the client's signature on the invoice in all cases. Alternative methods of obtaining confirmation of receipt of goods and the circumstances that these methods are acceptable to follow.

SECTION 9. INVOICE PROCESSING AND PAYMENT

Note: Invoices for purchases of equipment (as opposed to supplies) must contain the client's signature on the invoice or follow alternative confirmation method 1, 2 or 4 listed on the following age in order to be processed. Selected mail-order vendors of low-tech vision and communication aids may use alternative confirmation methods 3 or 4 outlined below.

1. Some devices are delivered to clients and the vendor's normal business practice is to obtain the client's signature on the delivery or packing slip.

   In these cases, the vendor must attach a copy of the delivery receipt containing the client's signature and date signed to the invoice being submitted to S&FSB. Photocopied delivery slips are acceptable as long as they are legible, clearly indicate the applicable vendor's invoice number and are co-signed by the vendor.

   An acceptable format for those vendors who do not have a standard proof of delivery document is displayed in Appendix G and H.

   In exceptional cases where the client is not available to personally receive the goods, the individual receiving the goods on the client's behalf must sign the delivery receipt "goods received <their name> for <client's name>". The relationship of the signer to the client must be recorded. A vendor or authorizer cannot act as the client's agent.

2. The invoice for the Program is created after provision of the devices to the client.

   In these cases, vendors must have the client sign a statement confirming receipt of the devices at the time the devices are provided. An acceptable format is described in alternative 1 above.

   This confirmation statement must be attached to the invoice.

3. Some devices are often sold by mail order. The vendor personnel may never actually meet with the client and the vendor cannot easily obtain the client's signature on the invoice. Some vendors receive a document from the post office or courier company that is signed by the client acknowledging receipt of the devices.

   In these cases, the vendor must attach to the invoice submitted to S&FSB a copy of the delivery receipt containing the client's signature and date signed. Photocopied delivery receipts are acceptable as long as they are legible, clearly indicate the applicable vendor's invoice number and are co-signed by the vendor.

   Vendors not using this acknowledgement of delivery process must have their staff person who mails or arranges for the couriering of the devices or who has knowledge that the devices were shipped print/type on the invoice "goods shipped" then sign and date the invoice.

4. Vendors submitting MRI invoices will continue to sign the declaration statement which accompanies each diskette. MRI vendors must obtain copies of the client's signature on invoices or delivery slips for audit purposes. HOP requirements vary depending on the modality. See the HOP manual.

920.06 Photocopies

Photocopies of delivery slips, post office or courier confirmation of receipt documents containing client signatures are acceptable where the vendor is unable to provide the original documents. Invoices must be original invoices. The Program will not process copies of invoices.

920.07 Use of Agents

In cases where the client has designated an individual or individuals to act as their agent, the agent's signature is acceptable. Agents should write "<their name> for <client's name> "when signing to acknowledge receipt of the device(s). The relationship of the signer to the client must be recorded as well as their address and telephone number. A vendor or authorizer cannot act as the client's agent.

SECTION 9. INVOICE PROCESSING AND PAYMENT

925 TRANSFER OF INFORMATION WITH COMPUTER DISKETTES

POLICY

925.00 Transfer of information between the Program and vendors using computer diskettes is available to vendors.

DESCRIPTION OF AVAILABLE INFORMATION

925.01 **Machine Readable Input (MRI)**

An alternative to submitting paper invoices and proof of delivery slips to S&FSB is to submit the same information on computer diskettes. The benefit of submitting the invoices on a diskette is a faster turnaround time for payment because of the elimination of manual entry by S&FSB staff. The diskette sizes accepted are 3 1/2" or 5 1/4".

The submission of the invoice on a diskette does not absolve the vendor from obtaining clients' signatures on delivery.

925.02 A vendor who wishes to use MRI as a means to submit invoices should be aware that the Program does not supply or support a specific software package.

925.03 **Machine Readable Output (MRO)**

The Remittance Advice can be sent to vendors on 3 1/2" or 5 1/4" diskette. Depending on the vendor's computer system, this option could facilitate automated reconciliation of accounting records.

PROCEDURES

925.04 To obtain information concerning MRI and MRO, contact the Team Leader, ADP and ODB Payment Unit at S&FSB in Kingston.

930 ELECTRONIC FUNDS TRANSFER (EFT) ACCOUNTS

POLICY

930.00 Payments to vendors can be made either by cheque or by direct deposit using Electronic Funds Transfer (EFT) to the vendor's business bank account.

EFT is the preferred method of payment by the Program to vendors.

RATIONALE

930.01 The main benefit of EFT is that payment is made directly to the vendor's account rather than waiting for a cheque to be generated and delivered through the mail.

Prior arrangements must be made with the S&FSB of the Ministry of Health and Long-Term Care.

A Remittance Advice will be forwarded by mail and should be received by the vendor on or before the date of the electronic deposit of funds.

935 STALE DATED POLICY FOR INVOICES

A stale-dated policy exists concerning the invoices. Refer to Section 1100.

SECTION 10. DEVICES

1000 DEVICES AVAILABLE FOR FUNDING ASSISTANCE

POLICY

1000.00 The device-specific manuals list devices or generic codes for a category of devices that are eligible for funding through the Program.

1000.01 To access the Program for funding of devices, clients must obtain devices from registered vendors, unless stated in the device-specific manuals.

1000.02 Devices must be purchased after the applicant has been assessed by a health care professional. Otherwise, the device will not be considered for funding. Clients that choose to purchase the device prior to the assessment cannot then submit a completed application form to the Program and expect reimbursement from the Program.

1000.03 Except for rental or leased devices, all devices funded by the Program must be new. Additional exceptions may be specified in the device-specific manuals.

1000.04 The Registered Vendor cannot supply any authorized device that has previously used or any component, which has been previously used. The only exception to this policy is where the vendor has an executed vendor agreement, which states that the vendor is permitted to sell recycled equipment under the Program.

1000.05 Equipment which manufacturers or dealers have lent to institutions to promote their products and assist authorizers in their assessments does not qualify as new equipment.

1005 LISTING NEW DEVICES TO BE ELIGIBLE FOR FUNDING

POLICY

1005.00 The Program must list a new device before the device can be recommended by an authorizer and/or provided by a vendor under the Program

PROCEDURES

1005.01 Manufacturers/distributors will inform the program in writing that they wish to have a new device listed by ADP. Program staff review the documentation and determine if the new device fits within one of the following device categories:

- Prosthetics & Orthotics
- Wheelchairs, Seating and Ambulation Aids
- Hearing Aids
- Visual Aids
- Communication Aids
- Respiratory Equipment & Supplies (CPAP, Suction)
- Enteral Feeding & Supplies

1005.02 If the device does not fit within a device category, the manufacturer/distributor is notified in writing that the product cannot be listed with ADP.

1005.03 Where a device does fit within a device category, the program forwards the appropriate Manufacturers/Distributors Application Form for one of above categories to the manufacturer/distributor for completion.

1005.04 On receipt of the completed Manufacturers/Distributor Application Form the Program ensures the manufacturer/distributor has provided documentation such as, CSA approval, manufacturer clinical trials, durability specifications, user manuals, cost.

1005.05 The Program then forwards the appropriate evaluation forms to:

- an ADP equipment evaluation centre or,
- will send out a general enquiry to clinical centres to determine their willingness to perform a clinical evaluation of the new product.

1005.06 ADP staff will then contact the manufacturer/distributor and provide the name(s) of the evaluator(s) and request that sufficient sample products are provided to the evaluators and forward all manufacturers/distributors documentation.

1005.07 The evaluator(s) will evaluate the product for a specified period of time (at least two months). Evaluators test the device checking for ease of use, performance, safety, durability, reliability, warranties, etc.

1005.08 The evaluator(s) will complete the appropriate forms and return to the appropriate Senior Program Coordinator or delegate at the agreed upon time.

1005.09 Equipment will be returned to the manufacturer/distributor directly by the evaluators at the manufacturer's/distributor's expense.

1005.10 The Senior Program Coordinator for the category prepares recommendations based on the evaluations for Senior Management's review and final approval.

1005.11 If the Program agrees that the device should be listed, ADP codes will be assigned and the ADP approved amount will be determined. The Program advises the manufacturer/distributor of the listing and the effective date that the device is eligible for funding assistance under the Program.

1005.12 The manufacturer/distributor will receive a copy of the ADP list of eligible devices that they may distribute to ADP registered authorizers and vendors.

1005.13 Notification of the new listing is provided to ADP staff, the ADP Payment Unit, Kingston and the ministry's INFOLINE.

1005.14 The Senior Program Coordinator or delegate coordinates the listing of the device in the next revision of the appropriate category policy and procedures manual. In the interim, an addendum to the ADP catalogue is provided to registered authorizers and registered vendors within three weeks of approval.

1010 REMOVAL OF ADP LISTED DEVICES

POLICY

1010.00 The Program must ensure that devices recommended by an authorizer and/or provided by a vendor, are cost-effective, safe and reliable.

PROCEDURES

1010.01 There may be several reasons why a manufacturer/distributor discontinues production of a device, such as:

- the product line has been discontinued
- the product is voluntary recalled due to manufacturing problems
- Health & Welfare Canada has recalled the product because of safety issues

1010.02 In these cases, either the manufacturer/distributor informs the Program in writing and requests the device to be removed from the ADP list or the Program receives notification from Health and Welfare Canada of a recall of product.

1010.03 Occasionally, manufacturers/distributors fail to inform the Program that a device is no longer manufactured. To ensure the ADP device listings remain current the Program reviews the activity of ADP listed devices every two years.

1010.04 The Program determines the amount paid for each ADP catalogue number over the two-year period. Inactive devices (no payments for the device in two years) are identified and the manufacturer/ distributor is notified in writing of the program's intent to remove the device from the ADP approved list.

1010.05 Manufacturers/distributors must provide adequate documentation to support a request not to remove the devices from the ADP listing.

1010.06 If manufacturer/distributor agrees or there is a nil response, the device code is made inactive and the manufacturer/distributor is notified of the effective end date of the device code.

1010.07 When a device is removed from the ADP list of devices notification of removal is provided to ADP staff, the ADP Payment Unit, Kingston and the ministry's INFOLINE.

1010.08 The Senior Program Coordinator or delegate coordinates removal of the device code from the listing of the device in the next revision of the appropriate manual. In the interim, the preparation of an addendum to the manual is circulated to registered authorizers and registered vendors within three weeks of removal.

1015 ADP DEVICE PRICING

1015.00 POLICY

The Program shall review manufacturers' prices for new devices and current ADP listed prices for devices to ensure prices are fair, consistent and equitable across device categories and are communicated to manufacturers, authorizers and vendors on a regular basis.

PROCEDURES

1015.01 ADP will review and update prices for all ADP listed devices every two years with the exception of grant categories. The price review will include assessing the wholesale and retail prices for products.

1015.02 Grants will be reviewed every five years by the program for supplies to determine if the grant should be increased either by the amount of a budget increase granted by the provincial government or be decreased due to cost decreases in supply categories.

1015.03 Price increases requested for ADP listed devices or, new devices to be listed in an ADP catalogue should be cost neutral to the program through the use of offsets.

1015.04 As a guideline, overall price increases for the program shall not exceed the budget increases set by the provincial government.

1015.05 The price of a new product that provides only moderate, little or no clinical advantage over comparable products that are currently listed in the catalogue, should be limited to the price range for the currently listed products for that purpose.

1015.06 ADP will compare the prices of a breakthrough product that provides a substantial improvement over comparable products with other provincial or federal jurisdictions.

1015.07 The price for a product should be the manufacturer's unit cost to the vendor for that product plus a reasonable return (up to 33-1/3%). The result will be a vendor margin of 25%. Ali pricing submitted to ADP must be in Canadian dollars.

The ADP Finance and Audit Unit will continue regular audits with Vendors to ensure compliance with policy.

1015.08 If a new product is listed as an upgrade to an existing listed product or replaces a currently listed product, it should remain in the same price range as the previously listed product.

1015.09 If a new product is listed in the year of a pricing review, it should be included in the pricing review.

1015.10 Price changes should include not only increases but also decreases when appropriate.

1015.11 During a pricing review, products should be removed if there has been no utilization over a two-year period (Refer to Section 1010).

1015.12 During a pricing review the Program will a establish minimum price in order to identify devices of a low dollar value that may be removed from the price catalogues. Products removed from the ADP catalogues become the financial responsibility of the client.

1020 REPLACEMENT POLICY FOR FUNDED DEVICES

POLICY

1020.00 An expiry date is calculated based on the rules governing each listed device. This expiry date represents either:

- for supply categories, the last date that the client could receive supplies and have them funded by the Program; or
- for equipment categories, the earliest date that the client may, theoretically, be considered for a replacement device.

RATIONALE

1020.01 The expiry date for supplies is used as a renewal date. It is used to identify whether the client's medical requirements have changed.

1020.02 The expiry dates for equipment identifies how long the device should, in most cases, remain in good repair through normal use. The Program does not want to fund a replacement device before this date.

PROCEDURES

1020.03 The Authorizer's signature date is used as the basis to calculate the expiry date for each device for which funding is approved. For an application where there is no authorizer, the physician's date is used.

1020.03 In most equipment categories, devices funded by the Program are only eligible for replacement when there is a documented change in medical condition, or growth or atrophy which makes the client's current device no longer usable by the client.

1020.04 The device-specific manuals should be reviewed to determine the replacement period and policy on replacement for the particular device.

1025 DEVICE CATALOGUES ON DISKETTE

POLICY

1025.00 Device catalogues are available on diskettes from the Program.

1025.01 Interested vendors should contact the Program's Registration Section in Toronto for further information.

SECTION 11. MISCELLANEOUS PROGRAM POLICIES

1100 STALE-DATED POLICIES

There are three areas of concern surrounding stale-dated information and documents.

Stale-Dated Assessments

1100.00 Depending on the device category, the assessment date on the application can become stale-dated.

1100.01 Clients are being assessed based on established criteria. At the time of the assessment, the prescriber or authorizer identifies the devices or device type that the client needs to meet their basic and essential needs.

1100.02 The client is required to obtain the device(s) within a specified time after the assessment date or the client will have to be reassessed. This is particularly true in categories requiring equipment rather than ongoing supplies.

1100.03 Refer to the device-specific manuals to determine whether the application is valid when a client is obtaining the device.

Stale Dated Application Forms

1100.04 The application form is stale-dated when the Program receives the application form more than twelve months after the physician's date or the authorizer's date, noted on the application.

Stale-Dated Invoices

1100.05 A valid and payable invoice received by the Program Payment Unit within twelve months of delivery date or service dates will be processed.

1100.06 An invoice with a delivery date or service date more than twelve months prior to the receipt of the invoice by the Health Care and Related Payments Unit is considered stale-dated.

1100.07 An invoice that is stale-dated will not be processed for payment and will be returned to the vendor.

1100.08 The only exception, acceptable to the Program, where stale-dated invoice will be processed is when it has been determined that:

- A valid and payable invoice was previously received by the Program Payment Unit within one year of the delivery date or dates of service; and
- The invoice was entered by the Program Payment Unit; and
- The invoice was deleted from the database and not paid by the Program Payment Unit due to an error on the part of the Ministry; and
- The vendor identified the error and informed the Program Payment Unit of the error within six months of the date of deletion.

1105 CONFLICT OF INTEREST

POLICY

1105.00 The Assistive Devices Program considers there to be a conflict of interest where the vendor or employee of the vendor pays any fee, amount or gives any benefit directly or indirectly, to a person who determines client eligibility or refers clients to that vendor.

1105.01 Where a physician, who prescribes an assistive device for an ADP eligible person, has any financial interest in the vendor, this is considered to be a conflict of interest.

1105.02 The Program considers there to be a conflict of interest where the authorizer, who determines client eligibility or refers clients to a vendor, accepts from that vendor any fee, amount or receives any benefit from that vendor directly or indirectly.

1105.03 It is the responsibility of the vendor to ensure that all the vendor's personnel are made aware of the conflict of interest policy.

SECTION 11. MISCELLANEOUS PROGRAM POLICIES

1110 PAYMENTS TO CLIENTS

POLICY

1110.00 Except in specified categories, direct payment from the Program to the client is not available. Refer to the device-specific manuals for exceptions.

1115 FACT SHEETS

POLICY

1115.00 The Assistive Devices Program produces fact sheets for each device category. These fact sheets are either independent pamphlets or included as part of the application form.

1115.01 Fact sheets can be obtained from:

a) the Assistive Devices Program for quantities of 10 or less.

Call: From Toronto area: (416) 314-5518
Toll Free: 1-800-268-1154

1120 REMOVING INACTIVE AUTHORIZERS AND VENDORS ELECTRONIC FILES FROM THE ADP DATABASE

1120.00 POLICY

To ensure the integrity of the computer system is maintained inactive ADP authorizer and vendors' electronic files will be purged from the ADP database on a regular basis.

PROCEDURE

1120.01 Sections 205 and 315 outlining the procedures for the removal of ADP registration numbers from ADP authorizers and vendors.

1120.02 Once a year, the Registration Unit requests the ADP Systems Coordinator to generate a report that identifies ADP authorizers and vendors whose ADP registration number has been in an inactive status for two years.

1120.03 The report includes indicates the following information:

- Inactive Registered Authorizers – name, address, telephone number, place of employment, original date of registration itemized by device category, date made inactive.
- Inactive Registered Vendors – business name, address, telephone number, original date of registration itemized by device category, date made inactive.

1120.04 The Registration Unit confirms the information requested is reflected accurately in the report and forwards the report to the appropriate Senior Program Coordinator or delegate.

1120.05 The report is reviewed to determine if there is a reason why an inactive authorizer or vendor electronic file should remain in the ADP Database. Recommendations are made to the Program Manager by completing a "Request to Inactivate Registered Authorizers and/or Vendors from the ADP Database".

1120.06 The Program Manager informs senior management of the intent to purge the ADP database of inactive electronic files of authorizers and vendors.

1120.07 On approval from senior management, the Systems Coordinator proceeds with the elimination of inactive electronic authorizer and vendor files.

SECTION 12. CONTACTS

1200 PROGRAM ADDRESS

1200.00 Assistive Devices Program

Ministry of Health and Long-Term Care
Assistive Devices Program
5700 Yonge St., 7th Fl.
North York, Ontario M2M 4K5

Telephone: In Toronto Area (416) 327-8804
Toll free 1-800-268-6021

T.T.Y.: 1-800-387-5559

Fax: (416) 327-8192

1200.01 Supply and Financial Services Branch

Ministry of Health and Long-Term Care
Supply and Financial Services Branch
Health Care and Related Payments Unit
3rd Fl., 49 Place D'Armes
P.O. Box 48
Kingston, Ontario K7L 5J3

Telephone: In Kingston (613) 548-6477
Toll Free 1-800-267-9458

Fax: (613) 548-6514

1205 PERSONNEL TO CONTACT

1205.00 Assistive Devices Program

Type of Request	Person to Contact
- Authorizer Registration - New registration - Change in status - Change in Employment	Registration Clerk
- Vendor Registration - New business - Change in an address, Telephone number, hours of operation - Change in ownership	Registration Clerk
- Request for Application	Communications Br., InfoLine (See Section 710)
- Fact Sheets	Communications Br., InfoLine (See Section 106)
- Device-Specific Policy Interpretation	Senior Program Coordinator or Program Coordinator
- Application Denial Inquiries - Release of Client Information - Status of Application	Claims Assessment Clerks

VENDOR REGISTRATION **APPENDIX A**

REQUIRED DOCUMENTS AND INFORMATION

1. Ownership

   a) Vendors who are sole proprietors or partners of the business must provide the Assistive Devices Program with an up-to-date copy of their business/partnership registration, along with a list of the names and addresses of the sole proprietor or partners.

   b) Vendors who are corporations must provide the Assistive Devices Program with:

   - a copy of the Articles of Incorporation
   - a copy of any amendments to the Articles of Incorporation or any other corporate changes,
   - a list of all shareholders (including silent partners)
   - a list of all members of the Board of Directors and,
   - if the Corporation is carrying on business under a name or style other than its corporate name, a Certificate of Registration of the name or style under which it is carrying on business.

   Note: Except in the hearing aid category, prescribers cannot have a financial relationship with the vendor's business.

2. Bank Reference Letter

   Vendors must submit a letter of reference from their bank manager stating whether the vendor is in good standing with the bank.

3. Business Location and Hours of Operation

   The vendor must maintain a permanent business location which is, depending on the requirements of the device category, available to the public either:

   - at least five (5) days per week and at least five (5) hours per day; or
   - a minimum of 25 hours per week.

VENDOR REGISTRATION APPENDIX A

REQUIRED DOCUMENTS AND INFORMATION (cont'd)

4. Vendor Located in a Hospital

If the business is located in a hospital, the vendor must provide the Assistive Devices Program with a copy of the lease agreement and details of any other agreements the business has with the hospital.

Note: The Assistive Devices Program will not register a vendor that has a lease agreement or any agreement which requires profit sharing with a hospital. Further, the lease rate must be the same as that charged to other vendors leasing space from the hospital.

5. Insurance Coverage

The Vendor must protect itself from and against all claims that might arise from anything done or omitted to be done by the Vendor or its personnel, and more specifically all claims that might arise from anything done or omitted to be done where bodily injury (including personal injury), death or property damage, including loss of use thereof, is caused.

The vendor must submit a copy of the insurance coverage certificate and the relevant portion or portions of the insurance policy incorporating the terms and clauses referred to below.

- The address and registered name or style of the business must be specified as insured in the policy
- "Her Majesty the Queen in Right of Ontario as represented by the Minister of Health" shown as additional insured (worded exactly as quoted)
- A cross liability insurance clause endorsement acceptable to the Minister
- A clause requiring the insurer to provide thirty days prior written notice to the Minister in the manner set out in the policy in the event of the termination or expiry with no renewal of the insurance policy or material modification to the insurance policy
- A minimum comprehensive liability insurance of two million dollars.

6. Payment/Banking Information

The Program requires all new vendors to provide a voided cheque and other banking information which would allow payment to be sent to the vendor through Electronic Funds Transfer (EFT).

APPENDIX B

ADDITIONAL INFORMATION OR DOCUMENTATION

1. Manufacturer/Distributor Agreements

   In many device categories, vendors must either have access to manufacturer lines of devices or carry a certain level of inventory. In these categories, the vendor must satisfy the Program that this requirement is being maintained.

2. Repair Service Agreements

   In some categories, vendors must offer either on-site repair services or contract repair services. For these categories, vendors who do not offer repair services on their premises must submit a copy of all service agreements.

   Related to the repair services, the vendor must answer questions about instructions, honouring of manufacturer warranties, return policies and follow-up service.

3. Hospital/Clinic Team Affiliations

   In some device categories, vendors must be affiliated with hospital/clinic teams. For those categories, vendors must provide evidence of the affiliation with the Assistive Devices Program registered hospital/clinic team.

4. Professional Qualifications

   In some device categories, vendors must provide the Assistive Devices Program with the names of those staff personnel who have the professional qualifications to fabricate, fit or repair particular devices. Proof of the qualifications must accompany the application.

   Each employee must complete and sign their own Employee Qualifications form provided by the Program and attach proof of their qualifications.

5. Floor Plan/Office Layout

   Depending on the device category, a business floor plan may be required to be submitted with the application form. This is important in categories where in-store fitting and privacy are requirements.

APPENDIX C

REQUIREMENTS FOR INVOICES SUBMITTED FOR ADP

There are 19 essential data items required for invoices:

1. Vendor name
2. Assistive Devices Program vendor registration number (6 digits)
3. Vendor invoice number (a unique number, never before used)
4. Invoice date
5. Client name and address
6. Client health number
7. Application reference number
8. Quantity delivered
9. Device catalogue number (note: can be used only once per invoice)
10. Device description
11. Unit price
12. Price of line item (100%)
13. Amount billed to client for each line item
14. Amount billed to the Program for each line item
15. Device serial number (in appropriate category)
16. Invoice totals
17. Delivery date, i.e. date device(s) or supplies were received by client
18. Client signature (for verification of goods received)
19. Benefit code *

* One of the following codes must be used

BENEFIT CODE

ODS - Ontario Disability Support Program
OWP - Ontario Works
ACS - Assistance to Children with Severe Disabilities
REG - Regular client who is not under a social assistance program listed above

APPENDIX D

ADP VENDORS – SUGGESTED INVOICE FORMAT

{Vendor Name} (1)

Invoice Number: 999999 (3)
Invoice Date: 99-XXX-9999 (4)

Vendor Registration Number: 999999 (2)

For: {Client Name} (5)
{Client Address)

Benefit Code: XXX (19)

{Client Health Number} (6)

Application Reference Number: 9999999999 (7)

(8)	(9)	(10)	(15)	(11)	(12)	(13)	(14)
Quantity Delivered	Catalogue Number	Device Description	Serial Number *	Unit Price	Total Price	Client's Portion	ADP's Portion
xx	xxxxxxxxx	xxxxxxxxxxxxxxx	xxxxxxxx	$xx.xx	$xx.xx	$xx.xx	$xx.xx
xx	xxxxxxxxx	xxxxxxxxxxxxxxx	xxxxxxxx	$xx.xx	$xx.xx	$xx.xx	$xx.xx
xx	xxxxxxxxx	xxxxxxxxxxxxxxx	xxxxxxxx	$xx.xx	$xx.xx	$xx.xx	$xx.xx
xx	xxxxxxxxx	xxxxxxxxxxxxxxx	xxxxxxxx	$xx.xx	$xx.xx	$xx.xx	$xx.xx
Invoice totals: (16)					$xxx.xx	$xxx.xx	$xxx.xx

I hereby acknowledge receipt of the items listed above:

(18) _____ Client's signature

(17) _____ Date delivered

- Serial Number – where applicable

Note: the bracketed numbers correspond to the list of the 19 essential data items.

APPENDIX E

OXYGEN VENDORS – SUGGESTED INVOICE FORMAT

{Vendor Name} (1)

Invoice Number: 999999 (3)
Invoice Date: 99-XXX-9999 (4)

Vendor Registration Number: 999999 (2)

For: {Client Name} (5)
{Client Address}

Application Approval Number #: 999999999 (8)

Quantity Delivered	Catalogue Number	Services Dates From	To	Unit Price	Total Price	Client's Portion	HOP's Portion
xx	xxxxxxxxx	dd-mmm-yy	dd-mmm-yy	$xx.xx	$xxx.xx	$xxx.xx	$xxx.xx

Invoice totals: (17)

I hereby confirm that the client was in possession of the Concentrator or liquid oxygen system stated and that The system was in good working order between the dates Of service:

(18)

_____

Vendor's signature

Note: the bracketed numbers correspond to the list of the 20 essential data items.

APPENDIX F

PROOF OF DELIVERY DOCUMENT

SUGGESTED FORMAT FOR ADP

I, _____ have received the equipment and/or

Supplies as listed on ESA/Application #_____.

(18) (17)

_____ dd-mm-yy

Client's signature Date received

Note: Proof of delivery document needed if client does not sign the invoice.

APPENDIX G

PROOF OF DELIVERY DOCUMENT

SUGGESTED FORMAT FOR ADP OXYGEN VENDORS

{Vendor Name}

For: {Client Name}

Application #: ########

_____ I hereby acknowledge receipt of _____ oxygen cylinders

or

_____ I hereby acknowledge receipt of the liquid oxygen system

or

_____ I hereby acknowledge receipt of the concentrator and back-up cylinders.

_____ dd-mm-yy

Client's signature Date delivered

SUGGESTED FORMAT **APPENDIX H**

RELEASE OF INFORMATION ABOUT PREVIOUS FUNDING

Name: _____ **Date of birth:** _____

Health Number: _____ **Version:** _____

Street Address: _____ **Apt. No:** _____

City: _____ **Postal Code:** _____

Telephone no: _____

Device Category: _____

I, the undersigned, hereby authorize you to release all information concerning my previous access to the Assistive Devices Program for the device category stated above:

_____ _____

Client's signature **Date**

If request is from a parent, legal representative, guardian or trustee, complete the information about the requester below:

Name: _____

Street Address: _____ **Apt. No:** _____

City: _____ **Postal Code:** _____

Telephone no: _____ **Fax No.:** _____

Relationship of signee to client: _____

_____

RELEASE TO THIRD PARTY

I authorize the Assistive Devices Program to release the information to:

Name: _____

Street Address: _____ Apt. No.: _____

City: _____ Postal Code: _____

Telephone no: _____ Fax No.: _____

If a vendor or authorizer, provide the registration number:

_____ _____

Client's signature **Date**